Applicants:

Marc Feldmann and R

Serial No.:

09/754,004

Filed

January 3, 2001

For

TNF ANTAGONISTS

MEDIATED DISEASE

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

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June 17, 2003.

TREXATE IN THE TREATMENT OF TNF-

Examiner: P. Gambe/1

Group Art Unit: 1644

TECH CENTER 1600/2900

S I 'R:

Transmitted herewith is an amendment to the above identified application.

\_\_\_\_\_ Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been established by a verified statement previously submitted.

\_\_\_\_\_ A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

X No additional fee is required.

The filing fee is calculated as follows:

-	NUMBER		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE				FEE
	AFTER AMEND- MENT						SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
Total Claims	15	-	38	=	0	х	\$9	\$18	=	0	0
Indepen- dent Claims	1	-	4	=	0	х	\$42.00	\$84.00	=	0	0
Multiple Dependent Claim(s) Presented Yes X No For First Time							\$140	\$280	0	0	0
							TOTAL ADDITIONAL FEE \$ 0				

<sup>\*</sup>If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

<sup>\*\*</sup>If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

<sup>\*\*\*</sup>If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0" in the space.

Applicants: Marc Feldmann and Ravinder N. Maini

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Amendment Transmittal Letter

Page Two

"HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total The Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment of the number of claims as originally filed

- Please charge Deposit Account No. 03-3125 in the Three copies of this sheet is amount of \$\_\_\_\_. enclosed.
- X A check in the amount of \$\frac{410.00}{} is enclosed, for a two-month extension of time.
- X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposition Account No. 03-3125 . Three copies of this sheet are enclosed.
  - X Any filing fees under 37 C.F.R. §1.16 for the presentation of extra claims.
  - X Any patent application processing fees under 37 C.F.R. §1.17.

Respectfully submitted,

certify that hereby correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to:

Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Alan J. Morrison

Reg. No. 37,399

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